

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/29/

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90238 017 \*\*\*150.00

<b>DOCUMENT # P03000025044</b> 1. Entity Name <b>HOUSEHOLD HAULERS, INC.</b>			
Principal Place of Business <b>5300 NW 33RD AVENUE SUITE 117 FORT LAUDERDALE FL 33309</b>		Mailing Address <b>5300 NW 33RD AVENUE SUITE 117 FORT LAUDERDALE FL 33309</b>	
2. Principal Place of Business <b>3949 Wilshire St.</b>		3. Mailing Address <b>3949 Wilshire</b>	
Suite, Apt. #, etc. <b>Lake Park, Fla</b>		Suite, Apt. #, etc. <b>Lake Park, Fla</b>	
City & State <b>Lake Park, Fla</b>		City & State <b>Lake Park, Fla</b>	
Zip <b>33403</b>		Zip <b>33403</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEJ Number <b>651176559</b>		MOORE CR2E034 (11/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SERCHAY, ALLAN 5300 NW 33RD AVENUE SUITE 117 FORT LAUDERDALE FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTTAGE, LONNELL PO BOX 9704 WEST PALM BEACH FL 33419	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <b>09/26/04</b> Daytime Phone: <b>561-262-4212</b>	